COMPLETE & BRING TO	CHECK IN		NOT	N/ A 11
COMPLETE & BRING TO	CHECK-IN.	DU	NOT	WAIL.

## **AUTHORIZATION FOR CAMPER RELEASE,**

## **PHOTOGRAPHS AND ACTIVITIES**

POCONO PLATEAU CAMP AND RETREAT CENT camp/retreat ministry of the Eastern PA Conference, U 304 Pocono Plateau Rd., Cresco, PA 18326 Phone: 570-676-3665 Fax: 570-676-9388

_	
	_

Event #

**Directions:** The Custodial Parent/Guardian must complete and sign Part I. This form should be given to the Program Director at camper registration. On the last day of camp, the Camper Release form in Part II must be signed in the presence of the counselor before your child can be released to go home.

# Part I Parent/Guardian's Authorizations ~

Camper's Name first \_\_\_\_\_ mi\_\_\_\_ last\_\_\_\_\_

As the custodial parent/guardian of the camper named above, I give my permission to Pocono Plateau Camp & Retreat and the Eastern Pennsylvania Conference-United Methodist Church to:

- > Photograph, videotape, record, and interview my child during the camp session for the purpose of evaluation, promotion, or advertisement of camp and retreat ministries. This is including, but not limited to, newsletters, displays, and internet websites. Photographs used in the "Daily Journal" and "Photo Gallery" sections of the camp's website are password protected.
- > Share, in writing, my child's name and mailing address

with staff in their specific program, and with my church (as listed on the registration form) for the purposes of communication and ongoing support and friendship. Pocono Plateau will NOT distribute names, addresses or phone numbers to any individual or organization not related to their ministries and mission.

- > Release my child for pick up from Pocono Plateau to the following person(s): Circle number(s) to indicate the authorized person(s).
- **1**. Mother and/or Father **2**. Mother only **3**. Father only **4**. Legal Guardian 5. name\_\_\_\_\_ relationship\_\_\_\_\_ 6. name relationship

### Furthermore, I understand that part of the camping experience

involves activities that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and policies.

#### SIGNATURE OF PARENT/LEGAL GUARDIAN:

X Date

Please print name:\_\_\_\_\_

### ~Part II SIGN-OUT SECTION, END OF CAMP PROGRAM~

The Person(s) named in *(circle one)* **1 2** 3 above

picked up the camper named above at Pocono Plateau

Date	Time
Counselor verification that person signing below picked up camper <u>signed:</u>	
Authorized Release	

Signature: